

EXPLORER PROGRAM - PERSONNEL INFORMATION

NAME : _____ RANK: _____

HOME ADDRESS: _____

CITY/ZIPCODE: _____ HOME PHONE NUMBER: (_____) _____

BIRTHDATE : _____ CELL PHONE NUMBER: (_____) _____

CDL #: _____ HIRE DATE: _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ BLOOD TYPE: _____

ALLERGIES: _____

EMERGENCY CONTACTS:

FATHER: _____ CELL PHONE: (_____) _____

HOME ADDRESS: SAME AS ABOVE

MOTHER: _____ CELL PHONE: (_____) _____

HOME ADDRESS: SAME AS ABOVE

SECONDARY EMERGENCY CONTACTS:

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

Medical Insurance Carrier: _____ Policy #: _____

Primary Care Physician : _____

Physician Address: _____

Physician Phone Number: _____

MEDICATIONS: (List all prescription medications that you take regularly)

ALLERGIES: _____

EXPLORER APPLICANT SIGNATURE _____ PRINTED NAME _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ PRINTED NAME _____ DATE _____